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CONFIRMATION NO. 2525

SERIAL NUMBER 10/765,382	FILING OR 371(c) DATE 01/27/2004 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. BSCU-032/02US
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/032,742, filed 10/24/2001 PAT 6,719,804 which claims benefit of 60/280,809 04/02/2001

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 06/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 8	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	Examiner's Signature _____ Initials _____			

ADDRESS

22903

TITLE

Medical stent and related methods

FILING FEE RECEIVED 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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